

Embassy of the United States of America
Office of Public Affairs

Professional Development Year Biographical Data Form

1. Name:
2. Gender:
3. Date and Place of Birth:
4. Nationality and Passport Number:
5. Passport Expiration Date
6. Home Address and Telephone Number:
7. Office Address and Telephone Number:
8. Email Address:
9. Media Field and Specialty (E.g., print media, photojournalism, media management)
10. Employment History (starting with the most recent, please provide position, organization, location, years of service, and name of supervisor):
11. Education (provide name of institution, place, degree earned):
12. Previous Professional Training:
13. Languages Spoken (include native language and English; give estimated proficiency):
14. Previous Travel to the United States:
15. Marital Status:
16. Medical, Physical, Dietary, or Other Considerations (for example: vegetarian, diabetes patient, etc.)
17. Please describe briefly topics you would like to pursue if selected for this program.